Student Brief

Creating a Culture of Consent at McMaster University

26 March 2019

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EVIDENCE >> INSIGHT >> ACTION

The McMaster Health Forum

The goal of the McMaster Health Forum, and its Forum+ initiative, is to generate action on the pressing health- and social-system issues of our time, based on the best available research evidence and systematically elicited citizen values and stakeholder insights. We aim to strengthen health and social systems – locally, nationally, and internationally – and get the right programs, services and products to the people who need them. In doing so, we are building on McMaster's expertise in advancing human and societal health and well-being.

About student panels

A student panel is an innovative way to seek input from the student body on high-priority issues. Each panel brings together 14-16 students from all walks of life. Panel members share their ideas and experiences on an issue and learn from research evidence and from the views of others. A student panel can be used to elicit the values that students feel should inform future decisions about an issue, as well as to reveal new understandings about an issue and spark insights about how it should be addressed.

About this brief

This brief was produced by the McMaster Health Forum's 2018-2019 Forum Fellows to serve as the basis for discussions by the student panel on how to create a culture of consent at McMaster University.

This brief includes information on this topic, including what is known about:

- the underlying problem;
- three possible elements of an approach to addressing the problem; and
- potential barriers and facilitators to implement these elements.

This brief does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

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Key Messages

What's the problem?

We identified three key challenges related to creating a culture of consent at McMaster University:

- sexual violence is a widespread problem in society, particularly on university campuses;
- cultural norms and socializations can prevent people from exercising bodily autonomy; and
- current efforts on campus focus on responding to cases of sexual violence, and proactively preventing new cases has proven challenging.

What do we know about elements of a potentially comprehensive approach for addressing the problem?

- Element 1: Explore the cultural basis of sexual and gender-based violence
  - This could include: 1) introducing new or strengthening existing educational interventions; 2) reshaping the constructed and reproduced narratives of sex and gender that do not align with the principles of consent; and 3) promoting multidisciplinary research that uncovers the cultural basis of sexual and gender-based violence as well as means to address this culture.
  - Limited evidence suggests that various cultural factors can potentiate an environment where consent in sexual interactions is not valued.
- Element 2: Establish coordination structures that clarify leadership, integrate objectives, and strengthen collaboration across the University administration and campus groups
  - This could include: 1) establishing a clear leadership mandate; 2) including a range of stakeholders in a collaborative structure; and 3) engaging with and remaining accountable to community members.
  - Evidence shows that strategies aimed at creating change are most effective when deployed with clear leadership frameworks.
- Element 3: Complement after-the-fact interventions with cost-effective primary-prevention (public-health) efforts
  - This could include: 1) introducing a range of approaches to reduce sexual violence-related harms (e.g., education and awareness-raising and bystander intervention training) in the set of core services offered at McMaster; 2) adopting a public-health approach to understanding sexual violence by using existing data to identify risk and protective factors for perpetrating or experiencing sexual violence; and 3) adopting a public-health approach to addressing sexual violence by deploying primary-prevention programs targeted at modifiable risk factors.
  - Evidence shows that primary-prevention (public-health) strategies can mitigate the problem.

What implementation considerations need to be kept in mind?

- Barriers to implementing these elements might include: 1) managing the diverse values, priorities and existing commitments of the groups that may coordinate and provide leadership on the project of creating a culture of consent; 2) ensuring there is sustainable funding for any new programs and services; and 3) changing long-held societal attitudes, which can be challenging without efforts beyond the campus sphere.
- Potential windows of opportunity for implementing these elements include: 1) recent social movements and awareness regarding sexual violence; 2) impending changes in leadership at McMaster University; and 3) leveraging existing University organizations.

Questions for the student panel

>> We want to hear your views about a problem, three elements of a potentially comprehensive approach to addressing it, and how to address barriers to moving forward.

Box 1: Questions for students

Questions related to the problem

- What do you think are the biggest challenges in creating a culture of consent and preventing sexual violence on campus?
  - o Receiving information or education about consent and sexual violence?
  - o Motivating people to participate in creating a culture of consent?
  - o Engaging a broad range of community members?
  - o Establishing leadership and maintaining accountability?
  - o Evaluating program success and shortcomings?

Questions related to the elements of a potentially comprehensive approach to address the problem

- What's needed to stop sexual violence before it happens?
- What's needed to educate community members about consent and sexual violence?
- Who should be responsible for leading efforts to create a culture of consent?
- How can a cultural shift away from rape culture be facilitated?

Questions related to implementation considerations

- What are the biggest barriers to pursuing these elements?
- What are the biggest opportunities that could help to implement these elements?

Box 2: Glossary

Consent

A voluntary, conscious and ongoing agreement to participate in sexual activity. Every individual has to give consent every time, whether in a one-time encounter or a long-term relationship. It is important to note that sexual activity that is not consensual is sexual assault.

Confidentiality

The obligation of an individual or organization to protect private information. Exercising confidentiality involves obligations to safeguard information from access without permission, use, disclosure, modification, loss or theft.

Disclosure

Occurs when a survivor shares information about their personal experience of sexual assault to receive appropriate support and/or information about their options.

Gender-based violence

Violence that targets individuals on the basis of their gender identity, which may involve violence directed towards members of queer and trans communities, and those whose gender identity does not conform to a gender binary system.

Rape culture

When people are surrounded with images, language, laws, and other everyday phenomena and media portrayals that normalize and perpetuate sexual assault.

Sexual assault

Any non-consensual sexual activity.

Survivor

A term frequently used in feminist anti-violence organizations in place of the term 'victim', which is sometimes seen as disempowering. A survivor is any person who has experienced sexual assault.

The prevalence of sexual violence necessitates considering what the University can do to create a culture of consent.

The context: Why is creating a culture of consent at McMaster University a priority?

Sexual violence is a significant societal problem that has a pronounced impact on university campuses. It was estimated that 261,000 students were survivors of some form of sexual violence in Canada in 2014.(1) The recent "#MeToo" movement has shed light on how widespread sexual and gender-based violence is, and numerous institutions have committed to playing their part in reducing the prevalence of sexual violence. However, efforts to reduce the prevalence of sexual violence have had limited success, and they have been focused on responding to, rather than preventing, cases of sexual violence.

Currently, several laws, policies, and programs are in place to deal with sexual violence. The Ontario government instituted the *Sexual Violence and Harassment Action Plan Act* in 2016.(2) This act outlines the legal obligations for all Ontario universities to support survivors and handle reports of sexual violence. At McMaster, the *Sexual Violence Policy* was introduced in 2017.(3) This policy outlined the roles of various stakeholders in responding to complaints of sexual violence that involve members of the University community, the process through which complaints are adjudicated, and the sanctions that may result. The recent policies and procedures implemented at McMaster, and within the province as a whole, reflect both the

importance of dealing with sexual violence and decision-makers' desire to address the problem.

However, sexual violence remains a challenge to address on campus and in society at large. Cultural norms, attitudes towards gender roles, and a lack of knowledge of consent may contribute to the problem. Even those who are aware of consent may fail to enact consent in their own interactions.

The importance of the issue is magnified by the fact that sexual violence is known to cause emotional, mental and physical harm.(4) These harms can be long-lasting and have a negative impact on the survivors' relationships and ability to trust others. Furthermore, there is evidence that experiences of sexual violence can contribute to mental health challenges, drug use and suicidal ideations.(4) The need to address sexual violence on campus is heightened because many of those who experience sexual violence are transitioning into adulthood, and sexual violence is a very traumatic experience. Finally, the economic impact of sexual violence in Canada is significant; a 2013 estimate places the cost at roughly $1.9 billion.(5) Efforts that create a culture of consent can reduce the costs and allow for more resources to be directed towards supporting survivors. Therefore, it is timely to engage in deliberations about creating a culture of consent at McMaster University to contribute to any future efforts to address sexual violence on campus.

Box 3: The campus policy environment

Key players in the system

- The McMaster Students Union (MSU) is the main body representing most full-time undergraduate students at McMaster. The MSU is governed by the president, three vice-presidents, the Student Representative Assembly (SRA), and the executive board (EB). The MSU funds (through student fees) and operates many services and resources (such as the Student Health Education Centre (SHEC), the Pride Community Centre (PCC), and the Women and Gender Equity Network (WGEN), among others) that are available to the McMaster community.
- The McMaster Student Affairs office is tasked with supporting the health and welfare of the student population. This department is led by the Associate Vice-President (Students and Learning) and Dean of Students. The Student Affairs office's role includes overseeing services such as the Student Wellness Centre, the Student Support and Case Management Office, and Student Accessibility Services, as well as responding to emerging challenges facing students.
- The McMaster Graduate Students Association (GSA) represents the interests of the University's graduate students. The GSA has a mandate to promote the welfare of its members and operates a Student Issues Action standing committee.
- McMaster's Senate and Board of Governors, comprised of both students and University officials, approve the University's policies, procedures and guidelines.
- Intake coordinators in the Equity and Inclusion Office (EIO), Student Support and Case Management, Employee/Labour Relations, and the Faculty of Health Sciences Professionalism Office, oversee the intake of sexual violence complaints.
- The Sexual Violence Assessment Team assesses all complaints of sexual violence that are reported to the University and facilitates accommodations for survivors.
- The Sexual Violence Education Team plans education to prevent sexual violence.
- The Associate Vice-President, Equity and Inclusion, oversees the EIO's mandate to further equity/inclusion at the University by advancing an environment of respect.

Features and services most relevant to creating a culture of consent

- The Sexual Violence Response Coordinator counsels students on the complaint process following sexual violence and links survivors to relevant supports and services.
- The MSU operates numerous peer-support services for survivors of sexual violence.
- The Student Wellness Centre offers medical services and various other programs to promote student wellness, including a Trauma Recovery Group. The Student Wellness Centre also offers programming to educate students about consent.
- The Sexual Assault Centre Hamilton Area (SACHA) is a community-based resource centre that supports survivors of sexual violence, advocates on behalf of survivors, and provides public education aimed at ending sexual violence.

Sexual violence is pervasive and informed by cultural norms.

The problem: Why is creating a culture of consent at McMaster University so challenging?

We have identified three key challenges related to creating a culture of consent at McMaster University:

- sexual violence is a widespread problem in society, particularly on university campuses;
- cultural norms and socializations can prevent people from exercising and respecting bodily autonomy; and
- current efforts on campus focus on responding to cases of sexual violence, and proactively preventing new cases has proven challenging.

We describe each of the challenges below.

Sexual violence is a widespread problem in society, particularly on university campuses

Sexual violence is a pervasive issue that affects all members of our community. One estimate suggests that for every 1,000 Canadians over the age of 15, there are 22 instances of sexual assault.(1) This represents more than 635,000 sexual assaults per year.

While anyone can become the victim of sexual violence, and sexual violence can occur at all stages of life, it disproportionately affects young women. Specifically, in Canada women aged 15 to 24 are the targets of almost half of all sexual assaults.(1) In addition, compared to the population-wide rate of 22 sexual assaults per 1,000 Canadians over 15 years old, there are 134 sexual assaults for every 1,000 women aged 15 to 24. This rate is approximately 10 times higher than for men in the same age group.

Students on campuses are particularly at risk of experiencing sexual violence, leading some to suspect that this contributes, in part, to the disproportionate rates of sexual violence experienced by young women. In 2014, 261,000 sexual assaults were reported by students, accounting for 41% of all reported sexual assaults for that year.(1)

People who are Indigenous, identify as having a mental or physical disability, identify as LGBTQ+, or have mental health concerns are also at greater risk of experiencing sexual violence.(1) Those who report drug use or binge drinking have also been identified as being at an increased risk of experiencing sexual violence.

Cultural norms and socializations can prevent people from exercising and respecting bodily autonomy

Several interrelated factors perpetuate sexual violence among members of the McMaster community. These factors include a lack of understanding of consent, failing to respect the principles of consent during intimate interactions, and cultural norms that impinge on the right to bodily autonomy.

With respect to a lack of understanding of consent, numerous societal and group-based beliefs can foster a rape culture (an environment where consent is not valued). Many of

these beliefs share similar values: dominance, power, a failure to acknowledge someone saying "no", and a failure to recognize sexual violence and coercion. Rape culture is also an inherently gendered issue, wherein men are usually positioned as initiators of sexual contact and women are usually positioned as passive actors.

With respect to the failure to enact the principles of consent, sexual and gender-based violence persists in society – and on campus – as some people in positions of privilege and power use their power to demean, coerce and exploit the vulnerability of others. These power dynamics, and the broader cultural norms, can sometimes lead people to feel as though they cannot say "no" to sexual advances for fear of retribution.

Numerous, usually isolated, campaigns and programs have been implemented on campus (such as SHEC's "Consent & Want/Will/Won't" campaign and the "Time's Up" campaign), but sexual and gender-based violence is still a major problem as some people can be knowledgeable about consent, but still fail to enact consent for a variety of reasons (including those related to power imbalances noted above).

With respect to cultural norms, the forces that limit people's bodily autonomy extend beyond the borders of campus, which complicates the process of creating a culture of consent. Cultural norms in society can encourage sexually violent behaviours. This phenomenon is also gendered as women's bodies are often sexualized and portrayed as being passive.

Finally, several groups are at increased risk of sexual violence because of oppressive attitudes and the difficulty they face in accessing services and supports. For example, members of the trans community, visible minorities, and people with disabilities experience sexual violence at a much higher rate than the general population because they are not afforded the same respect and right to dignity that is often afforded to the general population.

Current efforts on campus focus on responding to cases of sexual violence, and proactively preventing new cases has proven challenging

Sexual and gender-based violence has been identified as the focus of multiple policies at McMaster University, most notably the Sexual Violence Response Protocol (2016) and the McMaster Sexual Violence Policy (2017). While these policies have been an important step forward, the focus has been on responding to disclosures of sexual violence. As a result, additional efforts are required to support primary prevention and broader cultural change.

Currently, responding to cases of sexual violence can include the University: 1) conducting an internal investigation; 2) referring the matter to a law enforcement agency (e.g., the Hamilton Police Force); 3) determining a penalty or punishment to be imposed on those who have been found guilty of contravening policy; and 4) implementing measures to protect and accommodate victims.(6)

In addition, there are various University-run services, MSU services, and community-based services directed towards supporting survivors, including McMaster's Sexual Violence Response Coordinator, the Sexual Assault Centre Hamilton Area (SACHA), and MSU-operated peer support services (e.g., Women & Gender Equity Network, Pride Community Centre, and Student Health Education Centre).

Despite the existence of several survivor-oriented services accessible to the University community and an awareness of the importance of consent, McMaster does not currently have a unifying policy aimed at preventing sexual and gender-based violence. It also does not have a comprehensive strategy to encourage consent in sexual and intimate interactions between members of its community. For example, while SHEC has recently initiated a public-awareness campaign with the aim of educating students about the importance of consent, this initiative is stand-alone and not supported by coordinated programming from other University-based groups. Likewise, although McMaster's Sexual Violence Policy mentions the importance of prevention, education and training, no specific recommendations are made. The gap between recommendation and implementation with respect to creating a culture of consent on campus has led to limited coordinated efforts to proactively prevent new cases of sexual violence.(7)

We have selected three elements of an approach to address the problem for which we are seeking student input.

Elements of an approach to address the problem

>> To promote discussion about the pros and cons of potential solutions, we have selected three elements of an approach to creating a culture of consent at McMaster University

Many approaches could be selected as a starting point for discussion. We have selected the following three elements of an approach for which we are seeking student input:

1. address the cultural basis of sexual and gender-based violence;
2. establish coordination structures that clarify leadership, integrate objectives, and strengthen collaboration across the University administration and campus groups; and
3. complement after-the-fact interventions with cost-effective primary-prevention (public-health) efforts.

These elements should not be considered separately. Instead, each should be considered as contributing to a potentially comprehensive approach to addressing the problem. New elements could also emerge during the discussions. Box 4 below clarifies the process for how evidence was selected and synthesized for each element.

Box 4: Identification, selection and synthesis of research evidence presented in this brief

- Whenever possible, we describe what is known about each element based on systematic reviews.
- A systematic review:
  - is a summary of all the studies looking at a specific topic;
  - uses rigorous methods to identify, select and appraise the quality of all the studies, and to summarize the key findings from these studies; and
  - gives a much more complete and reliable picture of the key research findings, as opposed to looking at just a few individual studies.
- We identified systematic reviews in Health Systems Evidence (www.healthsystemsevidence.org), Social Systems Evidence (www.socialsystemsevidence.org), and Health Evidence (www.healthevidence.org). Health Systems Evidence and Social Systems Evidence are the world's most comprehensive databases of research evidence on health and social systems, respectively. Health Evidence is a searchable registry of systematic reviews on public-health topics.
- We also hand-searched reference lists and key journals to identify additional evidence that may be relevant.
- A systematic review was included if it was relevant to one of the elements covered in the brief.
- We then summarized the key findings from all the relevant systematic reviews.

Element 1 – Explore the cultural basis of sexual and gender-based violence

Overview

This element focuses on exploring the cultural drivers of sexual and gender-based violence, as these cultural elements shape people's behaviours and actions. Exploring and addressing the cultural basis of sexual and gender-based violence could include:

- introducing new or strengthening existing educational interventions;
- reshaping the constructed and reproduced narratives of sex and gender that do not align with the principles of consent; and
- promoting multidisciplinary research focusing on the cultural basis of sexual and gender-based violence as well as effective interventions to address this culture.

Evidence to consider

Despite extensive searches, we were unable to identify any systematic reviews related to this element. Thus, this element is meant to provide a framework to think about how the overarching questions regarding sexual violence, and the culture that perpetuates it, can be addressed. It is also worth noting that the cultural norms that may promote a culture of sexual violence are largely produced outside the campus sphere, and campus-level actions can only have a limited impact on changing norms in society at large. However, the University is a place where we can re-imagine the world and engage in critical inquiry, so there can be a role for campus-level leadership to set a model for other areas of society to follow.

Through complementary searches for single studies, we found that peer groups are an important determinant of one's likelihood to accept rape myths and intervene when they witness cases of sexual violence.(8) Furthermore, we found evidence that points to the importance of media exposure in shaping views. Exposure to forms of media that oversexualize women and blur the lines of consent, such as pornography and sports media, has been linked to a higher likelihood of accepting rape myths. Meanwhile, forms of media

that display the negative impacts of sexual violence and possible ways to intervene in situations of sexual violence have been found to counteract rape myths and improve individuals' confidence to intervene when they see sexual violence.(8) This element is further motivated by evidence that traditional gender-norm beliefs can be a risk factor for both sexual-violence perpetration and victimization.(9)

Given the limited review-based evidence pertaining to potential initiatives that would fall within this element, it is imperative that any programs put in place need to be thoroughly monitored and evaluated to ensure effectiveness.

Questions to consider

Overarching questions to consider

- What is needed to create a culture where consent is both understood and enacted?
- Who needs to be involved in addressing the cultural norms that create a culture of sexual and gender-based violence?

Additional questions to consider

- How can the University best use its position and resources to be part of creating a culture of consent?
- Could this element be unappealing to anyone/any groups? Why? How can we manage any potential backlash?
- Who (people, groups, institutions, etc.) needs to provide leadership to make this element happen?
- If programs are put into place to address the cultural factors contributing to sexual violence, how can these programs best be monitored and evaluated?

Element 2 – Establish coordination structures that clarify leadership, integrate objectives, and strengthen collaboration across the University administration and campus groups

Overview

This element focuses on establishing coordination between different areas of McMaster's administration and relevant campus groups in order to facilitate a culture of consent and the prevention of sexual violence. It examines how structures can be established that will define, coordinate, and periodically update the range of services and initiatives to be provided, the settings in which services should be integrated, and who should provide/deliver these services. The creation of an effective coordination structure may include:

- establishing a clear leadership mandate;
- involving a range of stakeholders in a collaborative structure; and
- engaging with and remaining accountable to community members.

Evidence to consider

We identified a number of systematic reviews and primary studies that related to the components of leadership structures that can facilitate their success and enable them to be

accountable to the communities they serve. Table 1 is a summary of evidence that is relevant to element 2. We did not identify evidence related specifically to the context of academic institutions or that focused explicitly on sexual violence prevention, so special consideration must be paid to this context when discussing coordinating structures.

Table 1. Summary of evidence about element 2

Sub-elements	Evidence
Establishing a clear leadership mandate	• The sustainability of new interventions is reliant upon accepted and effective leadership within a community.(10) • Leadership effectiveness has been associated with population members as a whole selecting their leader(s), and the expectation that leader(s) serve the best interests of the community.(11)
Involving a range of stakeholders in a collaborative structure	• The training of members of governance structures can have a positive or negative impact on the functioning of a governance structure.(10) • A lack of trust between members of a leadership structure may result in a culture of secrecy.(10) • Leadership structures that acknowledge the biases of involved parties facilitate greater intervention sustainability.(10) • Participant selection, meeting environment, and the use of evidence as a basis for discussion are important considerations when soliciting insights from stakeholders of different backgrounds/affiliations.(12) • Inter-sectoral partnerships for taking action on health equity can place health-equity issues on policymaker agendas.(13) • A defined set of core values and an environment where participants feel enabled to speak their mind has been associated with organizational success.(14)
Engaging with and remaining accountable to community members	• The opportunity for community members to engage with leadership structures and have their voices heard is crucial for inclusive service delivery and transparency.(10) • Community participation can enable an effective relationship between an intervention and its target community's institutions and members.(10) • Actions that build trust and acknowledge past oppression/discrimination can build community accountability.(10) • Establishing strong financial accountability, including budget expenditure and fiscal tracking, has been identified as a means to improve service delivery amongst organizations aimed at increasing social welfare.(10)

Questions to consider

Overarching questions to consider

- How should relevant organizations at McMaster be linked so they may coordinate efforts to build a culture of consent and prevent sexual violence?
- What features of a coordination structure would enable it to be impactful?
- How can the newly-created Sexual Violence Education team, tasked with planning education and training to prevent sexual violence, be supported and leveraged?

Additional questions to consider

- Which student and University administration groups would form a coordination structure?
- How can successful collaboration amongst groups within a coordination structure be facilitated?

Element 3 – Complement after-the-fact interventions with cost-effective primary-prevention (public-health) efforts

Overview

This element focuses on identifying a range of public-health approaches to prevent sexual violence-related harms (e.g., education, awareness-raising, and bystander intervention training), and the processes which facilitate the integration of these approaches within the set of core services offered at McMaster. It also considers how to ensure that funds can be allocated to promote sexual assault-prevention efforts alongside other types of student-centred programs and initiatives, such as Welcome Week. Complementing after-the-fact interventions with cost-effective primary-prevention (public-health) efforts could include:

- introducing a range of approaches to reduce sexual violence-related harms (e.g., education and awareness-raising and bystander intervention training) in the set of core services offered at McMaster;
- adopting a public-health approach to understanding sexual violence by using existing data to identify risk and protective factors for perpetrating or experiencing sexual violence; and
- adopting a public-health approach to addressing sexual violence by deploying primary-prevention programs targeted at modifiable risk factors.

Evidence to consider

We identified several systematic reviews related to complementing survivor supports with primary-prevention (public-health) efforts to reduce the prevalence of sexual assaults. Table 2 provides a summary of the evidence we identified that addressed this element. We did not identify any evidence pertaining to the cost-effectiveness or monitoring and evaluation efforts of sexual assault-prevention programs.

Table 2. Summary of evidence about element 3

Sub-elements	Evidence
Include a range of approaches to reduce sexual violence-related harms (e.g., education, awareness-raising and bystander intervention training) in the set of core services offered at McMaster	• Sexual assault-prevention programs within military settings commonly focused on bystander intervention techniques, such as skills training, suggestions for intervening when witnessing risks for sexual violence, and modelling of intervention skills via posters. Program content also varied in targeting the audience as potential victims, perpetrators or bystanders. However, it was not determined whether program participation was associated with reductions in rates of sexual violence.(15) • Students trained in bystander intervention reported increased bystander efficacy, intent to help others, and actual bystander helping behaviours. Trained students also reported less rape myth acceptance and rape inclination or perpetration behaviours.(16) • Sexual offender treatment (e.g., cognitive behavioural therapies implemented in institutional as well as community settings) may have a desirable effect in terms of reducing recidivism. Various enablers of treatment success include: 1) individualized treatment (as opposed to standardized group programs); 2) a focus on medium- to high-risk offenders; 3) early treatment of young sexual offenders; and 4) measures to ensure high-quality implementation.(17; 18) • Sexual violence prevention interventions targeting vulnerable marginalized populations involved: 1) discussions with potential victims, potential perpetrators, and public officials; 2) strategies and resources that can be used to avoid sexual violence; 3) self-defence training; 4) training professionals to design, deploy and evaluate evidence-based community violence-prevention programs; and 5) sexual health (HIV/AIDS) education. Overall, participants' knowledge increased following a training intervention with these components.(19)
Adopting a public-health approach to sexual violence by: • using existing data to identify risk and protective factors for perpetrating or experiencing sexual violence; and • deploying primary-prevention programs targeted at modifiable risk factors	• In comparison to men, women tend to have lower rape myth acceptance, higher self-efficacy, higher intent to intervene, and are thus more likely to engage in bystander behaviours.(8) • Generally, if peers support intervention, self-efficacy increases concurrently with intent and bystander behaviour.(8) • The earlier an individual is exposed to pornography, the higher the rape myths are and the lower their confidence is with respect to intervening.(8) • While sports media, which tends to oversexualize women, can exert a significant influence on the development of rape-myth attitudes among potential bystanders because it blurs the lines of consent, crime shows and bystander-intervention posters can counteract the negative effects of oversexualizing women.(8) • Interventions that adopted a more resource-oriented approach rather than a problem-focused approach had a higher likelihood of success. Resource-oriented interventions were defined as focusing on building up resources in the target group, whereas problem-focused interventions aim to avoid or eliminate problem behaviour.(20)

Questions to consider

Overarching questions to consider

- What kinds of changes should be made to the types of programs and services offered at McMaster University in order to advance sexual assault-prevention efforts?
- Who needs to be involved in deploying, monitoring and evaluating primary-prevention programs and educational initiatives that address the issue of sexual assault?

Additional questions to consider

- How can the University best use its position and resources to be part of complementing after-the-fact interventions with cost-effective primary-prevention efforts?
- Who (people, groups, institutions, etc.) needs to provide leadership to make this element happen?
- If programs are put into place to prevent on-campus sexual assaults, how can these programs best be monitored and evaluated?
- How will facilitators of these programs be supported, particularly in cases of backlash?

Implementation considerations

It is important to consider what barriers we may face if we implement the proposed elements of a potentially comprehensive approach to address the problem. These barriers may affect different groups (for example, students, staff and service providers), different campus organizations or the campus policy system as a whole. While some barriers could be overcome, others could be so substantial that they force a re-evaluation of whether we should pursue that element. Some potential barriers to implementing the elements are outlined in Table 4.

Table 4: Potential barriers to implementing the elements

Element	Description of potential barriers
Element 1 – Address the cultural basis of sexual and gender-based violence	• The cultural context under which sexual violence occurs extends far beyond campus, and messaging from authority figures can influence popular understandings of consent. Changing long-held social attitudes is not possible without complementary efforts outside the campus sphere. • Consent may not be universally understood, and gender roles can be culturally prescribed in some cases. Furthermore, socializations can be very hard to undo – particularly when people are forced to confront that their previously held belief and actions may not have been appropriate.
Element 2 – Establish coordination structures that clarify leadership, integrate objectives, and strengthen collaboration across the University administration and campus groups	• There may be challenges in maintaining accountability and effective communication across many groups involved in delivering services. • There is potential for competing visions and philosophies amongst the diverse groups that have a stake in preventing sexual violence. • Decision-making may become an arduous process in cases of disagreement or competing jurisdiction/authority across relevant parties.
Element 3 – Complement after-the-fact interventions with cost-effective primary-prevention (public-health) efforts	• Limited amounts of high-quality evidence examining different primary-prevention strategies for sexual violence can pose a challenge for informed decision-making. • Garnering sufficient funding for the development and implementation of sexual assault prevention services and training interventions may be challenging, as there are several other high-priority campus-wide issues in need of financial support. • Student volunteers, student leaders, and staff who currently offer support for survivors of sexual violence often face difficulties in dealing with the demand for their services; thus, incorporating the delivery of preventive programming as part of their work would only serve to further overwhelm front-line staff/students.

The implementation of each of the three elements could also be influenced by the ability to take advantage of potential windows of opportunity. A window of opportunity could be opened by, for example, a recent event that was highly publicized in the media, a crisis, a change in public opinion, or an upcoming election. A window of opportunity can facilitate the implementation of an element.

Examples of potential windows of opportunity that may exist for this issue:

- **Recent social movements and awareness regarding sexual violence:** In recent years, the pervasiveness of sexual violence has received significant attention. This attention has exposed the magnitude of sexual violence and exploitation in professional and academic spheres and highlighted the need for societal change. The #MeToo movements, and others, have given survivors a unified message and provoked institutions to confront the significant prevalence of sexual violence, while also increasing the demand for sexual violence-related supports and services.

- **Changes in leadership at McMaster University:** In January 2019, the undergraduate student body elected Joshua Marando to serve as MSU president beginning in May 2019. He campaigned on a platform that included a goal to improve sexual violence support. Furthermore, the current McMaster University president, Patrick Deane, will vacate his post in July 2019, so there is a window for his successor to champion additional efforts towards creating a culture of consent on campus as part of their new mandate.

- **Leveraging existing University organizations** such as the President's Advisory Committee on Building an Inclusive Community (PACBIC) can provide a jumping-off point for the creation of comprehensive coordination structures.

Acknowledgments

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